

172's

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <span style="font-size: 1.5em;">10069694</span>	
CLAIMS AS FILED - PART I					SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)				
FOR	NUMBER FILED <span style="font-size: 1.5em;">8</span>	NUMBER EXTRA		RATE	FEE	
BASIC FEE (17 CFR 1.16(a))				\$	\$	
TOTAL CLAIMS (17 CFR 1.16(c))		minus 20 = <span style="font-size: 1.5em;">0</span>		x \$	=	
INDEPENDENT CLAIMS (17 CFR 1.16(b))		minus 3 = <span style="font-size: 1.5em;">0</span>		x	=	
MULTIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.14(d))						
				TOTAL	OR TOTAL	
<p>* If the difference in column 1 is less than zero, enter "0" in column 2</p>						
CLAIMS AS AMENDED - PART II					SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE
	Total (17 CFR 1.14(c))	• <span style="font-size: 1.5em;">8</span> Minus ** <span style="font-size: 1.5em;">8</span>	=		x \$	=
	Independent (17 CFR 1.14(b))	• <span style="font-size: 1.5em;">1</span> Minus *** <span style="font-size: 1.5em;">1</span>	=		x	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.14(d))				+	=
					TOTAL	OR TOTAL
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE
	Total (17 CFR 1.14(c))	• Minus **	=		x \$	=
	Independent (17 CFR 1.14(b))	• Minus ***	=		x	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.14(d))				+	=
					TOTAL	OR TOTAL
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE
	Total (17 CFR 1.14(c))	• Minus **	=		x \$	=
	Independent (17 CFR 1.14(b))	• Minus ***	=		x	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.14(d))				+	=
					TOTAL	OR TOTAL
(Column 1)		(Column 2)		(Column 3)		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The "Highest Number Previously Paid For" (Total) or (Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
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